

REGIMENTAL DOCUMENTS

NAME ANDERSON

Instructor

REGT. No. 2138244

UNIT

H. Q. FILE No. 9541

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

4 ATTESTATION PAPER (M.F.W. 23, 133 or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 ~~TRAINING HISTORY SHEET (M.F.W. 113)~~ *Record sheet*

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

2 DENTAL HISTORY SHEET (M.F.B. 465)

2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

3 MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 CARDS

Yes PAY-SHEETS

1 M.F.W. 67

(M)

(H)

Deceased 15-3-51

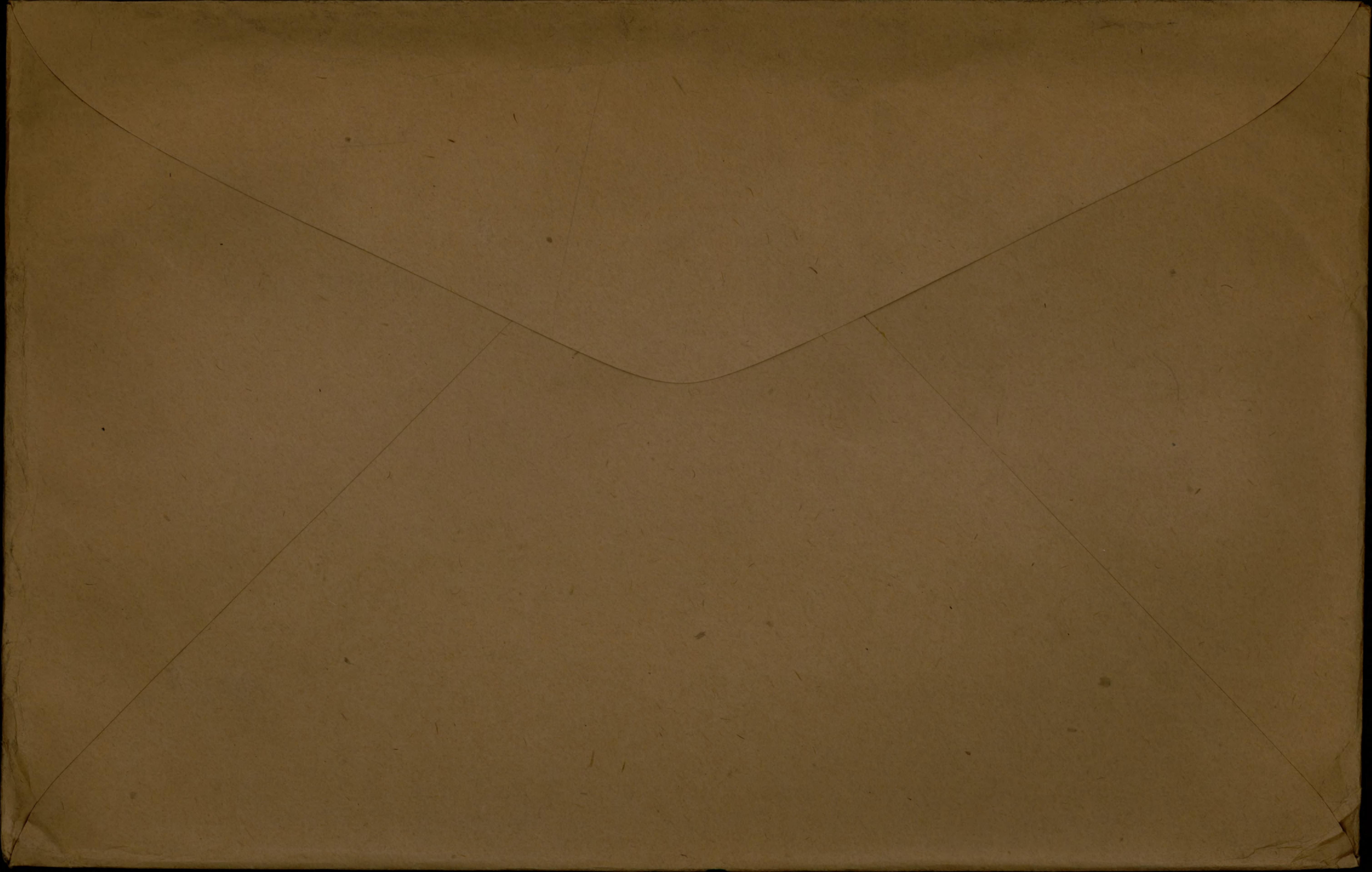
DEATH

CATEGORY

DISCHARGE

CATEGORY

DESERTION



Original

11 M. D. 2nd Depot Battalion B.C. Regiment

Regtl. No. 2138274

2nd DEPOT BATT. B.C. REGT.
PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname **Anderson**

2. Christian name **Victor**

3. Present address **Mother Lode Mine, Greenwood, B.C., Canada.**

4. Military Service Act letter and number **262884**

5. Date of birth **March 22nd., 1893.**

6. Place of birth **Brennan, Ongermanland, Sweden.**
(town, township or county and country)

7. Married, widower or single **Single**

8. Religion **Presbyterian**

9. Trade or calling **Miner**

10. Name of next-of-kin **Nels John Anderson**

11. Relationship of next-of-kin **Father**

12. Address of next-of-kin **Boundary Falls, B.C., Canada.**

13. Whether at present a member of the Active Militia **no**

14. Particulars of previous military or naval service, if any **none**

15. Medical Examination under Military Service Act:—
(a) Place **Grand Forks, B.C.** (b) Date **13th Oct., 17.** (c) Category **A 2**

DECLARATION OF RECRUIT

Victor Anderson

I, **Victor Anderson**, do solemnly declare that the above particulars refer to me, and are true.

Victor Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

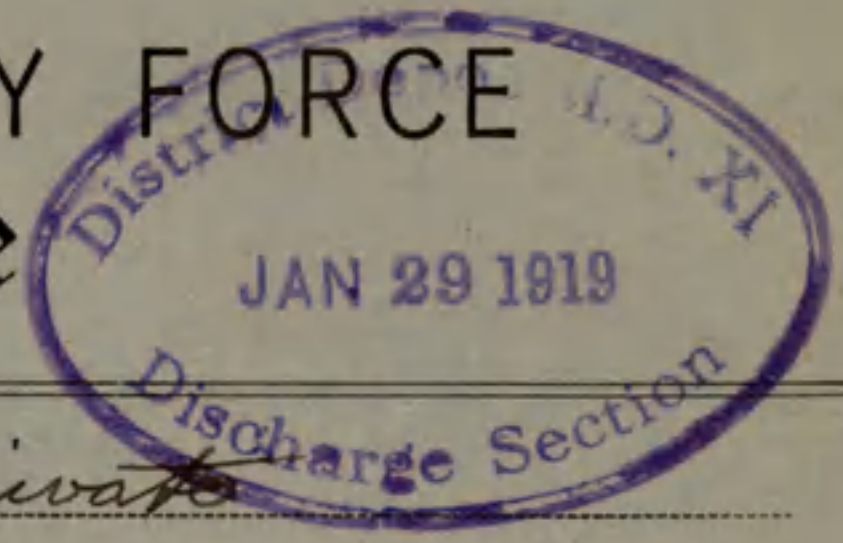
Apparent age	24	yrs.	6	mths.	Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height	5	ft.	10	ins.	
Chest measurement	}	fully expanded	37	ins.	
		range of expansion	3	ins.	
Complexion	Fair				
Eyes	Blue				
Hair	Brown				

Krupp Major Lt. Col.
O/C 2nd Depot Bn. B. C. Regt.
2nd Depot Btl.
B.C. Regt.

Place **Victoria, B.C.** Date **Jan. 17th., 1918.**

● CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 2138274 (Rank) Private
 Name (in full) Victor Anderson enlisted in
 the 2nd Depot Batt. B.C. Regt.
 CANADIAN EXPEDITIONARY FORCE at Victoria on the 17th.
 day of January 1919
 HE served in England with the 1st. Can. Res. Batt.
 and is now discharged from the service by reason of Medical Unfitness
Under R. O. 1420 A. of 12. 12. 18.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 25 Years
 Height 5' 10"
 Complexion Fair
 Eyes Blue
 Hair Brown

Marks or Scars Vacc. Left.

Victor Anderson
 Signature of Soldier

H. A. Andrews
 Issuing Officer
Capt
 Rank

Date of Discharge January 29th. 1919 for O.C. District Depot XI
 Appointment

Signed at Vancouver this 29th day of January 1919

in Military District No. XI

File Reference No. D.D. A. 4242

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On completion the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

Attested 17-1-18 at Victoria 1 year
 Disch 29-1-19 to 30-

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

825

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Victor* 2. Surname *Anderson*
3. Rank *Pte* 4. Original Unit *1st Dep Bn* 5. Reg. No. *2138274*
6. Address, in full, to which future payments of gratuity are to be forwarded
Boundary Falls B.C.
7. Date of enlistment in the C.E.F. *Jan 17/18* *Stam*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
W. J. Anderson
9. Relationship of such dependent
Father
10. Address, in full, of such dependent
Boundary Falls B.C.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
1st. Res. Bn. 9/4/18 - 8/8/18.
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
~~Not applicable~~
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
Jan 17/18 to Jan 29/18 1st Dep Bn 17/1/18 - 9/4/18.
1st. Res. Bn. 9/4/18 to 8/8/18. B.C. R.D. 8/8/18 to 23/11/18.
D.D. XI 23/11/18 to 29/1/18.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

JEM

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units..... *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid
20. Have you been issued with a War Service Badge? If so, what class?
21. Have you, during the present war, served in the Imperial Forces?
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F. no. If not, give:—(a) Date of discharge *29/1/19* (b) Reason for discharge *medical unfit for service*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit..... ~~at present by~~ *no*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....
- 2nd West Battalion England*
9/4/17 to 23/11/17 M/A
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
- (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Victor Anderson*

Place of Residence: *Baundry Falls B.C.*

Declared before me at: *Vancouver B.C.*

This *29* day of *Jan* 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

M. Anderson
D.O. Discharge Book, District Dept. B.C. & A.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford, Sussex, August 1916

No. 2138274 Rank Private Name Anderson V

Local Unit 1st Can. Res. Bn. Orig. XXXXXX Overseas Unit 2nd Depot. Battn. Age 24 Yrs 10 M

Examination held at Seaford, Sx.

DISABILITY.
Overseas—Local.
(scratch one out)

~~PAIN~~ PHLEBITIS LT. LEG

PRESENT CONDITION.

Has not been in France
four times pain and swelling in
lt thigh and leg
Had typhoid fever followed by pneumonia
Aug 1916 This was followed by pain and swelling
of lt thigh and leg was mended till Jan 1917.
EXAM. Shows marked swelling of left thigh
and leg with distension of superficial veins of
lt groin. Oedema and tenderness of lt leg.
Other remains neg.

BOARD RECOMMENDS:—

1. Fit for Duty B.T.
2. Fit for duty after 25/10/16 2nd Conf.weeks' physical training.
3. Fit for Temporary Base Dutyweeks.
4. Fit for Permanent Base Duty Immediate
5. Discharge

Signatures:—

Members { G.W. Mackend Capt President.
A.G. Martin Capt
J. Mackend Capt

APPROVED 6 - AUG 1918

Dated at Seaford, Sussex, 1916 W. H. ...

APPROVED.

Capt. For A.D.M.S.
for A.D.M.S., Canadians

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1916

No. _____ Rank _____ Name _____

Local Unit _____ Overseas Unit _____

Examination held at _____

DISABILITY
Overseas-Local
(check one)

PRESENT CONDITION

BOARD RECOMMENDS:

1. Fit for Duty
2. Fit for duty after _____ weeks' physical training
3. Fit for Temporary Base Duty _____ weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures:

President _____

Members _____

APPROVED

Dated at _____ 1916

Original

To be made out in duplicate.

H.Q. 54-21-23-53

2nd DEPOT BATT. B.C. REGT.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 2nd DEPOT BATT. B.C. REGT.

(2) Regimental Number 2138274

(3) Full Name of Soldier ANDERSON - Victor

(4) Place of Birth Sweden

(5) Are you married, or not? No.

(6) If married, state, (a) Full name of your wife Not applicable

(b) Present Postal Address Ditto

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls Not applicable

Also their names and ages Ditto

(9) Is your Father alive? *Yes.*
If so, state name and address *ANDERSON - Web John. Boundary Falls B.C.*

(10) Is your Mother alive? *Yes.*
If so, state name and address *ANDERSON - Caroline*

same address Boundary Falls B.C.
not applicable

(11) If your Mother is a widow.....
Are you her sole support, or not? *ditto*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
not applicable

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
ditto N.A.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
ditto N.A.

(15) Are you insured? *No.*
If so, in what Company? *Not applicable*
Have you made arrangements for payment of your Insurance premium..... *ditto*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *31/1/18*

W. H. Major Lt. Col.
O/C 2nd Depot Officer Commanding.

DENTAL HISTORY SHEET

4242

DISTRICT

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER

Anderson Victor J H

REGIMENT

2nd Depot Bn

RANK

No.

2138274



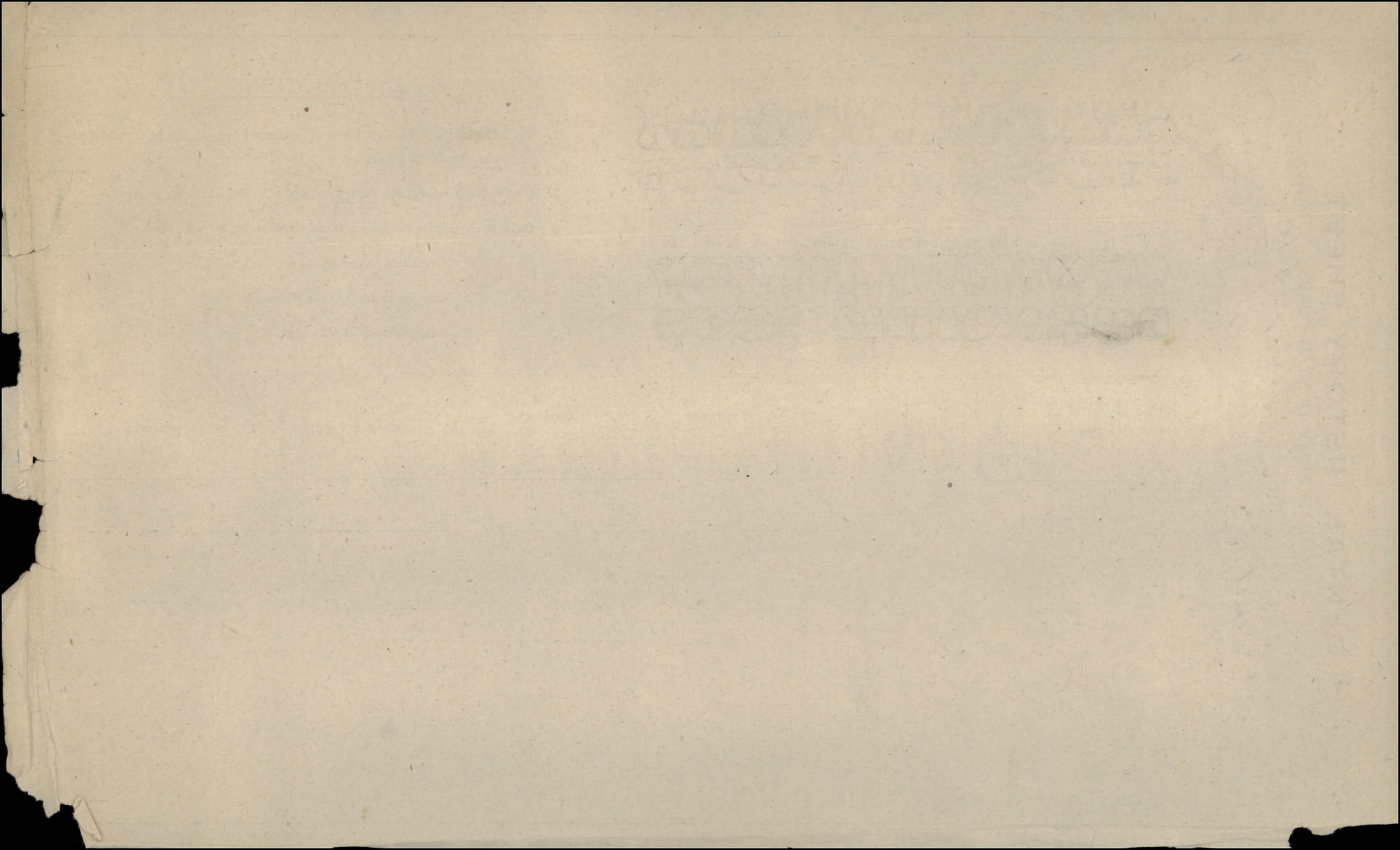
INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoecia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1919</i>										<i>3</i> <i>1. 19</i> <i>30</i>								<i>Leat Sproule</i>	<i>XI</i>	<i>Carities 2. 15. 31</i>	
																						<i>I don't wish to have any work done V Anderson</i>



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. ... 2133274 ... Rank ... Pte. ... Name ... Anderson ... M. D. 11
 Corps ... No. 11 District Depot ... who was* ... Discharged ... No. 52
 On ... 29-1-19 ... 191... to ... 191...
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from ... January 1st 1919 ... 191...
 to ... January 29 1919., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month	10	00	Balance Cr. from prev. month		
Advances } No. ...	10	00	Reg'l. Pay ... 29 ... days at \$... 1... c... 00	29	00
by } No. War Grat: Cloth: Allee & P. & A.	116	90	Field Allow. ... 29 ... days at \$... c... 10	2	90
Cheques } No. ...			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No. ...			Other Allowances* Cloth Allee & P. & A.	35	00
Other charges			Other Credits*		
Payment on transfer or discharge No. ...			Bal. Dr. (to be deducted by new unit) XXXXXXXXX PDP	70	00
Balance Cr. (to be paid by the new unit)					
Total	136	90	Total	136	90

*Give particulars.

A monthly stoppage of \$... (†) has... (‡) been paid on account of Assigned Pay for the month of ... 191... and Sep'n Allee. for month of ... 191... (to) Assignee ...

(Address) ... N I L

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of \$... has been paid by Paymaster, Military District No. ...

REMARKS:—

- State (1) date of enlistment ..
- (2) if married and if a Separation Allowance Card has been submitted ... No
- (3) cause of discharge authority ..
- (4) authority for transfer ..

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date ... 29-1-19

Place ... Vancouver, B.C.

[Signature]
 Captain
 Demobilization Pay M. D. No. 11
 Paymaster.

N.I.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

and form to be used for all ranks (Form A) under 123456 and 123456 (Form B) under 123456

1. Name of the member: [Name]
2. Rank: [Rank]
3. Branch: [Branch]
4. Date of issue: [Date]

5. The following is a statement of the member's service: [Statement]
6. The member is entitled to the following benefits: [Benefits]

Table with columns for Name, Rank, Branch, and other details. Includes a 'Total' row at the bottom.

7. The member is entitled to the following benefits: [Benefits]
8. The member is entitled to the following benefits: [Benefits]

The Treasurer of the Force

9. The member is entitled to the following benefits: [Benefits]

10. The member is entitled to the following benefits: [Benefits]

11. The member is entitled to the following benefits: [Benefits]

12. The member is entitled to the following benefits: [Benefits]

13. The member is entitled to the following benefits: [Benefits]

14. The member is entitled to the following benefits: [Benefits]

15. The member is entitled to the following benefits: [Benefits]

16. The member is entitled to the following benefits: [Benefits]

17. The member is entitled to the following benefits: [Benefits]

18. The member is entitled to the following benefits: [Benefits]

19. The member is entitled to the following benefits: [Benefits]

20. The member is entitled to the following benefits: [Benefits]

MEDICAL HISTORY SHEET.

Original
2138274

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the letter to forward it direct to a Registrar or Deputy Registrar

1. Surname Anderson Christian name Victor
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 262884
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Greenwood B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of Oct 1917, by the undersigned medical board sitting at Grand Forks B.C.

5. Age as stated 24 Years 6 Months
6. Apparent age 24 Years _____ Months
7. Height 5 Feet 10 Inches
8. Weight 156 Pounds

9. Chest measurement { Minimum 34 Ins. Maximum 37 Ins.
10. Complexion fair { Eyes blue Hair brown

11. Physical development good { Good Fair Poor
12. Smallpox marks nil

13. Number of vaccination marks { Right arm nil Left arm nil
14. When vaccinated last nil

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Wson R 30 L 20 Hearing N

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

Wm Douglas Capt President.
C. Kingston Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/2/18</u>		<u>J.D. Hunter M.O.</u>	<u>26/1/18</u>	<u>G</u>	<u>J.D. Hunter M.O.</u>
		<u>M.O.</u>	<u>2/2/18</u>	<u>G</u>	<u>J.D. Hunter M.O.</u>
		<u>M.O.</u>	<u>21.7.18</u>		<u>H.N.B. M.O.</u>

Joined _____ day of 17.1.18 at Vidua B.C.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd Depot Batt. B.C. Regt.</u>	<u>7138474</u>		<u>17.1.18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Seaford</u>	<u>6-8-18</u>	<u>Rheumatoid Arthritis</u>	<u>Fit a J. Martin Capt PRESIDENT, STANDING MEDICAL BOARD</u>
<u>Seaford</u>	<u>25/10/18</u>		<u>Fit Capt. J. Martin</u>

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man W. Kingston

CR. Rank Name **ANDERSON, Victor.** Reg'l No. **2138274.**
 Unit **6th Dft. 2nd Bn B.C.** If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Victoria, Jan. 17th. 1918.** Place of Birth **Brennan, Sweden.**
 Name and Address, Next-of-Kin **Nels John Anderson,**
Boundary Falls, B.C., Canada. Relationship **Father.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. No 12127
File R.L.
Category Can O.P.

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
			Arrived in England	19-4-18	S/S TUNISIAN
23-4-18	1st Res	Lost	Seaford	20-4-18	Pr 097
8-8-18	B.C.R.D.	Lost from 1st Res on board 1st Res	Seaford	6-8-18	Pr 0189 1st Res Pr 0189d/7 8 1st Res Pr 02804/21 1/8.
25-11-18	B.C.R.D.	beard att 1st Res s.o.s to h.h.t. base	"	22-11-18	Pr II.D. 282 (No suitable employment)

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps **2nd DEPOT BATT. B.C. REGT.**

Regimental No. **2138274** Rank **Pte.** Name **Victor ANDERSON**
C. E. F.

Enlisted (a) **17-1-18** Terms of Service (a) **C.E.F.** Service reckons from (a) **17-1-18**

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) **Miner**

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Taken on strength 2nd Depot Batt. B.C. Regt.	Victoria, B.C.	17-1-18	P.2.O. #19 19-1-18
31-3-18	O/C 2nd D.B. BCR	Left - No.6 Draft	do.	31-3-18	P.2.O.91 1-4-18
		Embarked Canada	Halifax	9.4.18	
		Disembarked England	Liverpool.	20.4.18	
23.4.18	1st Res. Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford.	20.4.18	Part 11 D.O.97
23 APR 1918	1st Res Bn	On board and legation camp	Seaford	20 APR 1918	M 2 D.O. 97.
4/5/18	1st Res Bn	Returned from Command	Seaford	4/5/18	Part 2 D.O. 107
4.8.18	1st Res.	S.O.S. to B.C.R.D. and is attached back.	Seaford	6.8.18	Part II 189.
21-11-18	1st Res. Battn	Ceases to be attached from B.C.R.D.	Seaford	19-11-18	Part II. D.O. 289 G. E. O. Luke Captain, Adjutant, 1st Canadian Reserve Battalion.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
8-8-18	1 st Res.	T.O.S. B.C. Reg. Depot. Command 1 st Res B ^m	Seaford	6-8-18	Pt. 2.D.O. 189 <i>[Signature]</i>
25-11-18	B6RD.	Sgt. on embarking for Canada	Seaford.	23-11-18	Pt II DO. 282 Wm F. Lees Lt. for O.C. B6RD
9-12-18	Overseas	T. O. S. District Depot XI.	Victoria, B. C.	23-11-18	D.O. Pt II 236/2271. 1918
	Discharged	Medical Unfitness RO. 1420. A of 12/12. 18.	Vancouver BC.	29/1/19	D.O. 30/143 E of 30/1/19 P.A. MacLean for O.C. District Depot., XI Capt.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. 2138274 * NAME ANDERSON V. RANK PTE UNIT BCRD

Date of Examination	18/11/18
Present Dental Condition	GOOD
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	
Has he ever declined Dental Treatment?	NO
Recommendation	NIL

Date 18/11/18

Station Seaford

Signature of Examining Officer *B.B. Beaton* Capt. C.A.D.C.

* Name should be entered in block letters.

Name Anderson, Victor Rank Plt Regtl. No. 2138274

Original unit 2nd Dep. Bn. Present unit 113rd M. or S. Age 24 Religion Pres Ref. H.Q.

Port, ship and date of arrival Quebec "Aquitania" 28.11.18

Next of kin Mother, Lode mine, Greenwood, B.C.

Address on leave 15th St, 2911

Address on discharge Boundary Falls B.C.

Transportation issued Yes No Date Character on discharge

Previous occupation Miner Date and place of enlistment Victoria 17/1/18

Diagnosis Phlebitis left leg Date of Medical Boards 20/1/19

Date.	Remarks.	Pt. 2 Order No.
DEC 9 1918	T.O.S. O'Leary 23.11.18 post. Cas. Co. leave ^{8.12.18} 22-12-18	256/22716
	Posted to Discharge Section 29/1/19	30/142-D

*—Name will be given in full; surname first.

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m,—5-18

1772-39-1243

Reg. No. **2138274** Rank. **6** Surname **ANDERSON** Category. **B2** Dentally Unfit. **13-5-18**
 Christian Names (1) **Victor** (2)..... (3)..... Date

Place of Enlistment: **Victoria** Date of Taken on from Religion Inoculations **2/1/18 2/2/18 2/7/18** Company **"A"**
 Province: **B.C.** Age on Date **24 1/2 20-11-18** **Presby** Vaccination **6/2/18**

On Command..... Hospital..... Permanent Cadre Employed as
 Date Proceeding Date Admitted

Record of Overseas Service: Profession or Trade (Civil) **miner**
 Transferred or Posted to
 Reason for Return: Date.....

Married or Single S	LEAVE.			
	No. of Pass Issued.	FROM.	To.	Free Transportation.
Address of Next of Kin. Father Wm N J Anderson Bonanza Falls, BC	1-2	23-5-18	28-5-18	yes
		19.9.18	19.9.18	DL 7-7

Date of Enlistment 14-1-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

2751 1st April 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 2138274

Rank Pte Promoted Reverted Discharge

Soldier's Name Victor Anderson

Battalion 2nd Depot Balm B.C. Regt. C.C.F. 6th Draft

Beneficiary

Relationship

Address

Name

Address

Change of Address

1 MR. N. J. ANDERSON,
BOUNDARY FALLS,
B.C. 15 15.00

2

3 % 2138274 PTE VICTOR ANDERSON
FIFTEEN DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
April	Y 8541		15	15	
May	A 12585		15	15	
June	B 15427		15	15	
July	Y 28408		15	15	
Aug	a 30936		15	15	
Sep	a 37638		15	15	
Oct	A 44280		15	15	
Nov	A 52365		15	15	
Dec	B 63986		15	15	
			135	135	

0379-V-4

AUTHORITY FOR NEW ACCT.

M. F. W. 128
400M-17-172 83-1141
L. L. 22320-M. & D. 1933

..... A/c Closed 31-12-16

Ret'd per
Date 25-11-18

..... Clerk
J. M. Kay

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 14-5-18

AUTHORITY FOR NEW ACCT.

H. R. M. D. 11-B.2
J. A. Kincaid
25-4-18

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82
§Only if discharged "Medically unfit."	
‡Only if man has not been overseas.	

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge
- (b) Attestation.
- (c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

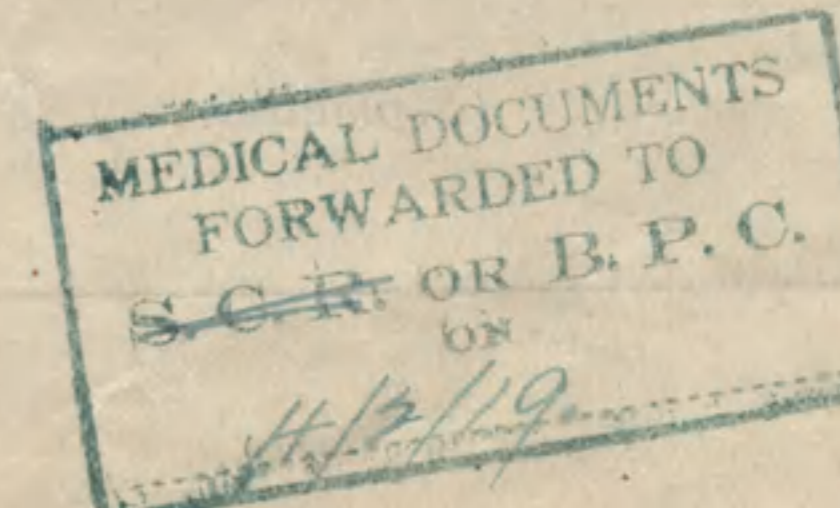
This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2138244
Rank	Private
Surname	Anderson
Christian name	Victor
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd. Depot Batt. B.C. Regt.
Date of discharge	January 29th. 1919
Place of discharge	Vancouver
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	25 years..... months.
Height.....	5" feet..... 10" inches.
Complexion	Fair
Eyes	Blue
Hair	Brown
Trade	Miner
Intended place of residence	Boundary Falls B.C.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>Medically Unfit</i> <i>Under R.O. 1420 of 12.12.18</i>	
Authority for discharge.....	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.



(OVER)

K.E.
26-2-19
com.

29-6-51
P&D

12-6-36



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....

Victor Anderson (Signature of Soldier.)

(Date).....

Wepoz adokaw (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

January 29th. 1919

(Place).....

(Signature).....

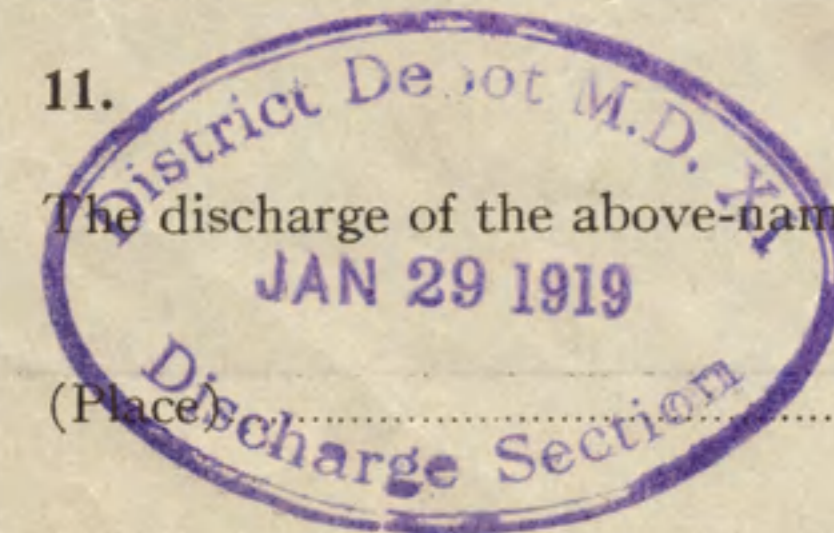
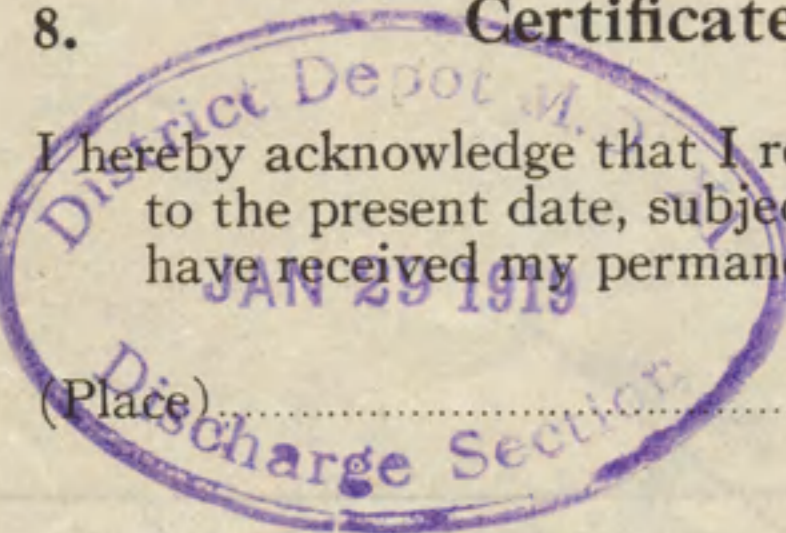
M. Anderson
Capt.
for O. O. District Depot, XI

(Date).....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none Victor Anderson



12121
489

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA	SEPARATION ALLOWANCE	ENGLAND or CANADA				
EFFECTIVE DATE: 1/4/18		EFFECTIVE DATE: -					
AMOUNT: 15 ⁰⁰ <i>stopped effective 1/1/18</i>		AMOUNT: -					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.					
Mr. N.J. Anderson (Father) Boundary Falls, B.C. Canada		None					
		PARTICULARS OF RANK OR APPOINTMENT					
		AUTHORITY	DATE EFFECTIVE				
		Can LMC					
		RANK OR APPOINTMENT					
		Pte					
UNIT AND TRANSFERS							
ORIGINAL UNIT: 1 st Depn Bn B.C. Regt							
DATE ACCOUNT FIRST OPENED: 1/4/18							
		AUTHORITY	DATE EFFECTIVE				
		DOI 907	23/4/18				
		UNIT TRANSFERRED TO					
		1 st Bn B.C. Regt Canada Sect.					
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
14/1/18	4556	Seaford B.O.	973			L.P.C. B. Bal.	20 96
16/1/18	4760		7300 973				
DAILY RATES OF PAY AND ALLOWANCES							
		AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE	
		Can LMC	1	10			

PARTICULARS OF RENDERING NON-EFFECTIVE: - *Discharged to Canada 30/1/18. B.C.R. 71-R 16/1/18.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
3/2/18	Bal from Canada								10 00		
May	P. Pay 1/4/18 - 31/5/18	67 10		Can A.P. April + May				30			
				4/6 500 1 Res 2/6/18	4 87						
		67 10		" 949 " 23/5/18	29 70				13 02		
					34 07			30 -			
June	P. Pay	33		Can				15			
				4/21 437 1 Res 12/6	4 87						
		33		" 1761 " 27/6	9 73				16 43		
					14 60			15			
July	P. Pay	34 10		Can				15			
				5/21 4005 1 Res 6/7	1 17						
				4/21 34 1 Res 9/7	4 87						
		34 10		" 2220 " 16/7	19 47				10 02		
					25 51			15			
Aug	P. Pay	34 10		Can				15			
				4/26 50 1 Res 16/8	4 87						
		34 10		" 2982 " 28/8	9 73				14 52		
					14 60			15	3 40		
Sept	Pte P 40	33		Can A.P.				15			
				4/31 21 12/9 1 Res	4 87						
				" 3419 26/9 "	9 73				17 92		
		33			14 60			15			
Oct	RP CANADIAN ASSIGNED PAY AUDITED	34 10		C.A.P.				15			
				4/18 3795 15/10 1 st Res	4 87						
				4/18 4033 26/10	9 73				22 42		
		34 10			14 60			15			

CANADIAN ASSIGNED PAY AUDITED
[Signature]
 AUDIT CLERK
 DATE 14-5-19

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concurs.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Discharge Category E. Medically unfit.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE New Westminster, B. C.

DATE January 16, 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

APPROVED BY

For Assistant Director of Medical Services.

DATE JAN 20 1919

Director-General of Medical Services.

DATE

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

XI.C.C. INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION New Westminster, B.C. DATE Jan. 16, 1919.

1. 1 (a) Unit 2nd Depot Bn. (b) Regimental No. 2138274 (c) Rank pte.

(d) Surname Anderson. (e) Christian name Victor.

(f) Home address Greenwood, B. C.

(g) Next of Kin Nels. J. Anderson. (h) Relationship Father.

(i) Address of Next of Kin Greenwood, B. C.

2. Age last birthday 25 Date of birth Mar. 22, 1893.

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria, B.C. (b) Date Jan 17/18.

4. Personal description:

(a) Height 5' 10" (b) Weight 167 (c) Complexion Fair.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Vacc. 1 left.

5. Former trade or occupation Miner.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years	Days
11/12	28

	VICTORIA PERIODS, C.	
	From	To
Canada	Jan. 17, 1918.	April 1918.
England	April 1918	Nov. 28, 1918.
Canada	Nov. 28, 1918.	Present.

7. Original disease, or injury Phlebitis left leg, following typhoid fever.

(a) Date of origin Sept. 1916 (b) Place of origin Canada.

(c) Cause Active Service and previous Typhoid Fever.

M. F. B. 227.

300M.-8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Partial loss of function of veins left leg.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition good, no complaints of pain, swelling and weakness in left after walking 3 miles and must rest; also says left calf becomes painful and tender after exercise and feels as if it would burst, could not stand marching, says condition is much worse than on enlistment, more swelling and pain now. Exam. shows general enlargement of whole left leg from groin down, circumference of left thigh 1" greater and of calf 1/2" greater than right leg. tender to deep pressure - superficial veins of left calf and above left groin on abdomen engorged and enlarged. Heart normal, otherwise he is physically fit and Exam. negative. Incapacity due to partial loss of function of veins left leg.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....no..... Cardio-Vascular System.....as noted..... Genito-Urinary System.....no..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....No..... Respiratory System.....No..... Integumentary System.....No.....
Disturbances of Mentality.....no..... Digestive System.....No..... Muscular System.....No.....
Osseous and Joint Systems.....No..... Any other general condition.....As noted.....

10. (a) History (of the condition referred to in Section 9 (a).)

H.H.S. states "Typhoid fever Sept. 1916 followed by pneumonia, then marked by swelling and pain left leg and thigh, did not work till Jan. 1917. Leg was painful and swelled up after marching".

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Nil.

(c) (Here give a description of wounds, scars and deformities.)

Vacc. 2 left.

11.—(a) Did the disabling condition have its origin before enlistment?

Yes.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes 10% more pain and swelling now from marching he states.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?.....No.....

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?.....Permanent.....

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

None.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?.....No..... (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed?.....Yes..... (If not, briefly state why)

17. Recommendations.....

Discharge Category B.

Medically unfit.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....V. Anderson..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

D. B. L.

V. Anderson Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concurs.

19. Is the invalid fit for

- | | | |
|--|--------------|--------------|
| (a) General service, | (Category A) | (Yes or No.) |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) |
| (c) Home service (Canada only), | (" C) | (Yes or No.) |
| (d) Temporarily unfit. | (" D) | (Yes or No.) |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) |

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
 (c) Should pass under his own control.
 (d) Should not pass under his own control.
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Discharge Category 3. Medically unfit.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE: New Westminster, B. C.
 DATE: January 16, 1919.
 President: W. H. Langlois
 Members: W. H. Langlois

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness: _____ Signed: _____
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE: _____
 DATE: _____
 APPROVED BY: _____
 APPROVED BY: _____

For Assistant Director of Medical Services M. D. 11

Director-General of Medical Services.

DATE: JAN 20 1919

DATE: _____

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

M.C.C.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION: New Westminster, B. C. DATE: Jan. 16, 1919.

1. 1 (a) Unit: 2nd Depot Bn. (b) Regimental No. 311874 (c) Rank: Pte.
 (d) Surname: Anderson. (e) Christian name: Victor.
 (f) Home address: Greenwood, B. C.
 (g) Next of Kin: Mrs. J. Anderson. (h) Relationship: Father.
 (i) Address of Next of Kin: Greenwood, B. C.
 2. Age last birthday: 25 Date of birth: Mar. 23, 1893.
 3. Enlistment, or Appointment (if an Officer) (a) Place: Victoria, B. C. (b) Date: Jan 17/18.
 4. Personal description:
 (a) Height: 5' 10" (b) Weight: 167 (c) Complexion: Fair.
 (d) Colour of hair: Black (e) Colour of eyes: Blue (f) Identification marks, Scars, etc.:
Vacc. 2 left.
 5. Former trade or occupation: Miner.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years	Days
MILITARY DISTRICT No. 11	
<u>11/12 JAN 18 1919</u>	<u>28</u>
VICTORIA, B. C. PERIODS	
From	To
<u>Jan. 17, 1918.</u>	<u>April 1918.</u>
<u>April 1918</u>	<u>Nov. 28, 1918.</u>
<u>Nov. 28, 1918.</u>	<u>Present.</u>

Canada	<u>Jan. 17, 1918.</u>	<u>April 1918.</u>
England	<u>April 1918</u>	<u>Nov. 28, 1918.</u>
France or other theatres of War	<u>Nov. 28, 1918.</u>	<u>Present.</u>

7. Original disease, or injury: Phlebitis left leg, following typhoid fever.

- (a) Date of origin: Sept. 1916 (b) Place of origin: Canada.
 (c) Cause: Active Service and previous Typhoid Fever.

M. F. B. 227.

300M.-8-18.
 1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Partial loss of function of veins left leg.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition good, he complains of pain, swelling and weakness in left after walking 3 miles and must rest; also says left calf becomes painful and tender after exercise and feels as if it would burst, could not stand marching, says condition is worse than on enlistment, more swelling and pain now. Exam:— shows general enlargement of whole left leg from groin down, circumference of left thigh 1" greater and of calf 1/2" greater than right leg. tender to deep pressure - superficial veins of left calf and above left groin on abdomen engorged and enlarged. Heart normal, otherwise he is physically fit and Exam. negative. Incapacity due to Partial loss of function of veins left leg.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System as noted (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.) Special Senses No Respiratory System No Integumentary System No Disturbances of Mentality No Digestive System No Muscular System No Osseous and Joint Systems No Any other general condition As noted.

10. (a) History (of the condition referred to in Section 9 (a).)

M.H.S. states "Typhoid Fever Sept. 1916 followed by pneumonia, also marked by swelling and pain left leg and thigh, Did not work till Jan. 1917. Leg was painful and swelled up after marching".

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Nil.

(c) (Here give a description of wounds, scars and deformities.)

Vacc. 2 left.

11.—(a) Did the disabling condition have its origin before enlistment? Yes.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes 10% more pain and swelling now from marching he states.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

None.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? (If not, briefly state why) Yes.

17. Recommendations

Discharge Category E. Medically unfit.

W. H. Leng, Capt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, V. Anderson, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

E. E. L.

V. Anderson Rank. Signature of invalid examined.

Statement of the Soldier

This is to be completed only in the case of the Soldier taking his Discharge in England. (Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned, Victor Anderson, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

Is the cause of the disability fully described in Part I. (1) (2) If not, describe it.

From the medical information furnished by the Soldier, the Medical Officer has ascertained that the disability is due to the following cause: Aggravated by Active Service.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915 and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

REGIMENTAL MEDICAL HISTORY. Name: Victor Anderson, Rank: Private, Surname: Anderson, Christian Name: Victor. Unit or Corps: (a) Overseas from United Kingdom, (b) in United Kingdom. Born at: Town: ... Province: ... Country: ... Date of Birth: Day: ... Month: ... Year: ... Age: ... yrs. ... months. Joined at: ... Date: ... Former trade or occupation: ... Permanent Marks or any peculiarity that will serve for future identification: ...

Height: ... inches. Colour of eyes: ... Signature of Soldier (for identification purposes): ...

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY. Disabilities Group (a): PHLEBITIS, LEFT LEG. Disabilities Group (b): ... Disabilities Group (c): ...

Table with columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Includes Place of origin: CRANFORD, B.G. CANADA, Date of origin: 1.11.1916.

3. Is the disability due to disease contracted or injuries received prior to Active Service? YES. If yes, has Active Service aggravated it? YES.

4. Is the disability due to disease contracted or injuries received while on Active Service? NO. If yes, has Active Service aggravated it? NO.

5. MEDICAL HISTORY. *James Jan 17. 1916*
Sept 1916 *Had Syphilis penis and Anorexia*
 Complicated by Pain and Swelling left leg thigh
 Was Invalid till Jan 1917. Then worked as Driver
 Motor man till Jan 1918. During this period Jan 1917 & Jan 1918
 Last 2 or 3 days every month account leg swelling & painful
 After joining up Jan 1918. Leg was painful after marching
 Swells up on marching

6. PRESENT CONDITION. *Age 25*
 Objective = Swollen veins over left abdomen and left thigh
 a number of Engorged veins over left calf
 Tender spot over anterior tibial region just above ankle

Subjective = On marching leg becomes swollen & painful
 with distention of superficial veins. leg remains
 swollen 2 or 3 days during this time patient has
 pain & rest. Swelling decreased.
 These symptoms recur every time patient takes a
 long march. All other symptoms normal

7. OPERATION. (i) Was one performed? *no* (ii) If so, state what

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i) Is there loss or decay of teeth attributable to Active Service? *no*
 (ii) If so, describe. *1 left molar lower*
1 upper " lower"

9. DO YOU RECOMMEND:—
 (a) Fit for duty? *yes* (b) Invalid to Canada? *no*
 (state category) *Bit* (c) Discharge from the Service as permanently unfit? *no*

Date of Report *Jan 18 1918*
 Station *Seaford*
 Signed *Med Baker*
Capt. [Signature]
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report and concur therein except
 Dated at *Seaford* Station, on *18 Nov 1918*
 *Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? *Yes*
 If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? *Yes*
 If not, describe it.

12. From the medical information now added, was the disability caused or aggravated by:—
 (a) Negligence of the Soldier { Caused? *no* Aggravated? *no* }
 (b) Misconduct of the Soldier { Caused? *no* Aggravated? *no* }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
 (Estimate at none, 5%, 10%, 15%, 20%, etc.) *none*

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
 What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
 (Estimate at none, 1/10, 2/10, 3/10, etc., or all) *none*

15. Permanency of the Disability due to Service estimated next above in (14).
 (i) Is it permanent? *not applicable*
 (ii) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
not applicable

17. Can the former trade or occupation be resumed?
Yes

18. REMARKS:—
Authority. A.C. [Signature] 9085-11/18

19. RECOMMENDATION:—
 (a) Fit for duty? *yes* (b) Invalid to Canada? *no*
 (state category) *Bit* (c) Discharge from Service as permanently unfit? *no*

ENTRIES OF REGISTRATION
 Date of Board *18 Nov 1918*
 Station *Seaford*
 Approved *Prof. Drushy Maj. Comm. A.D.M.S.*
 Dated at *Seaford, Sussex* Station *18 NOV 1918*